

# APPENDIX I: PROSTART® FINAL EXAMINATION REQUEST FORM

## ProStart® Final Examination Request Form

Updated August, 2006



This master may be used to make copies for all your future ProStart Examination administrations.

**Please fax your request, toll-free, to 866.665.9570 (312.583.9853 local direct fax number). Then call 800.765.2122 (312.715.1010), ext. 703, to verify that it has been received. Please do not mail your request after faxing it.**

Consult the *ProStart Examination Administration Handbook* for complete Examination administration procedures prior to your scheduled Examination date, or call the NRAEF Exam Administration Department at 800.765.2122, ext. 703, for more detailed information.

### Section 1—Class Information

School Name \_\_\_\_\_ Date Request Sent to NRAEF \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Examination Date/Time \_\_\_\_\_ Teacher's Full Name \_\_\_\_\_

Teacher's Work Telephone \_\_\_\_\_ Teacher's Home Telephone \_\_\_\_\_ Teacher's Email \_\_\_\_\_

Teacher's Supervisor \_\_\_\_\_ Teacher's Fax \_\_\_\_\_

### Section 2—Mailing Address and Person for Receipt of Examinations

(If different from Section 1) No P.O. Boxes.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

### Section 3—Final Examination Request

Please send me the Master Examination for the ProStart Examination(s) indicated below:

☐ **ProStart® Year One Final Examination**    ☐ **ProStart® Year Two Final Examination**

Reminder: Answer Sheets do not accompany the Examinations. Answer Sheets or *Student Workbooks/Activity Books* with Answer Sheets need to be purchased prior to testing by contacting your State Restaurant Association ProStart Coordinator.

Number of **retest** answer sheets needed \_\_\_\_\_

### Section 4—Shipping Information

**Shipping is free when you order Examinations 12 business days prior to the date the Examinations are needed. If fewer than 12 business days are provided, it will be necessary to identify your credit card for billing the shipping and handling costs of your Examinations.**

#### Credit Card (circle one)

Visa    MasterCard    Am Express

Acct # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

### Section 5—Teacher Agreement and Signature

I understand that all Examinations are copyrighted by the National Restaurant Association Educational Foundation (NRAEF) and hereby declare that the reproduction of any Master Examination I receive will be in accordance with procedures outlined by the NRAEF. I understand that as a Teacher/Proctor it is my responsibility to keep the Master Examination secure and destroy all copies I make in order to maintain the integrity of the Examination. I understand that I am fully responsible for the return of all Examination Materials at the request of the NRAEF.

Teacher's/Proctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

National Restaurant Association Educational Foundation  
Attn: Exam Administration Department  
175 West Jackson Boulevard, Suite 1500, Chicago, IL 60604-2814

**NRAEF Internal Use Only**

Verified By \_\_\_\_\_

Date \_\_\_\_\_